OFFICE USE ONLY	
Date Application Received:	
Permit Number:	Fee:
Payment Info:	

DEPARTMENT OF BUILDINGS

376 ATLANTIC AVENUE • PO Box 189 • EAST ROCKAWAY NY 11518

Tel: (516) 887-6310 • Fax: (516) 887-6311 • buildings@villageofeastrockaway.org

www.villageofeastrockaway.org • buildings@villageofeastrockaway.org

DEMOLITION PERMIT APPLICATION

Requirements

- **Rodent Free Certification from Nassau County**
- **Water disconnect letter from Long Island American Water Corporation.**
- **Sewer disconnect letter from Nassau County**
- **Electric and gas disconnect letter from LIPA or Keyspan**
- **Asbestos letter from a licensed asbestos removal company (must be NYS certified)**
- **Contractor shall supply Workers Comp, Liability Insurance, and License**
- **Must provide dust control measures**
- **Call 811 2-3 days before work begins**

Information contained herein may be investigated and verified. Any false statement will be cause for refusal and revocation of this permit. It is further understood that applicant will conform and adhere to all laws applicable, and such rules and regulations as may be promulgated by the Incorporated Village of East Rockaway regulating and relating to the use to which this permit is applicable.

		Notes
1 or 2 Family Home	$350	
1 or 2 Car Garage	$350	
Commercial Property & Multiple Dwellings More Than 2 Family	First Story - $350 Each Additional Story - $350	
Storage Shed up to 120 Square Feet	$25	
Accessory Structures, Swimming Pools, Decks, etc.	$75	

HOMEOWNER NAME: _____ TEL#/EMAIL: _____

HOMEOWNER ADDRESS: _____

_____

ZONE: _____ VILLAGE SECTION: _____ VILLAGE BLOCK: _____ VILLAGE LOT(S): _____

CONTRACTOR'S NAME: _____ TEL#/EMAIL: _____

CONTRACTOR'S ADDRESS: _____

_____

ESTIMATED START DATE: _____ ESTIMATED END DATE: _____

_____, states that he/she is authorized to make this application and that all statements are true to the best of his/her knowledge and belief. The contractor shall have full responsibility in protecting adjacent and village property. I hereby agree to strictly follow all rules and regulations set by New York State Uniform Fire Prevention and Building Code Part 608 sections 1, 2 and 3. (If corporation, give name of corporation and name, office, and address of its responsible officers).

_____ _____ _____ _____

SIGNATURE OF HOMEOWNER DATE SIGNATURE OF APPLICANT DATE